

GRIEVANCE FORM

NOTICE: DO NOT USE THIS FORM IF YOU HAVE: RECEIVED A DISCIPLINARY ACTION, BEEN LAID OFF, OR ADMINISTRATIVELY TERMINATED. USE THE STANDARD APPEALS FORM.

NOTE: If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board, The Chancery Building, 1120 Lincoln St., Suite 1420, Denver, Colorado 80203, within ten (10) calendar days of the alleged discriminatory practice.

Print or type. Keep a copy of the completed grievance form for yourself. Refer to Chapter 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures, 4 Code of Colo. Reg. 801, for information regarding the grievance process

GRIEVANT'S NAME: _____

GRIEVANT'S ADDRESS : _____

REPRESENTATIVE : _____

REPRESENTATIVE' ADDRESS: _____

EMPLOYING AGENCY: _____

STATEMENT OF GRIEVANCE:

RELIEF REQUESTED:

DISCRIMINATION ALLEGED: _____ YES _____ NO. TYPE OF DISCRIMINATION ALLEGED (e.g., race, national origin, sex, age, religion): _____

If you would like to resolve this grievance on an informal basis, with the help of a trained facilitator from outside your agency, then call the State Employees Mediation Program (SEMP) at 866-2153 for this assistance.

REPORTING CHAIN:
(Complete where applicable)

First Line Supervisor: (name): _____
Date of the informal discussion with the First Line Supervisor: _____
Date the Step 1 informal discussion with the First Line Supervisor was concluded: _____

Second Line Supervisor: (name): _____
Date Written Grievance was submitted to the Second Line Supervisor: _____
Date of the meeting with the Second Line Supervisor: _____
Date Grievant received the Step 2 Written Response from the Second Line Supervisor: _____

Third Line Supervisor: (name): _____
Date step 2 Written Grievance and step 2 Written Response were submitted to the Third Line Supervisor: _____
Date of the meeting with Third Line Supervisor or Committee: _____
Date Grievant received the Step 3 Written Response from the Third Line Supervisor or Committee: _____

Appointing Authority: (name): _____
Date step 2 Written Grievance and step 2 and Written Responses were submitted to the Appointing Authority: _____
Date of the meeting with the Appointing Authority or the Appointing Authority's designee: _____
Date Grievant received the Step 4 Written Decision of the Appointing Authority: _____

Date Petition for Hearing was either filed with, or postmarked to, the State Personnel Board:

Grievant's Signature